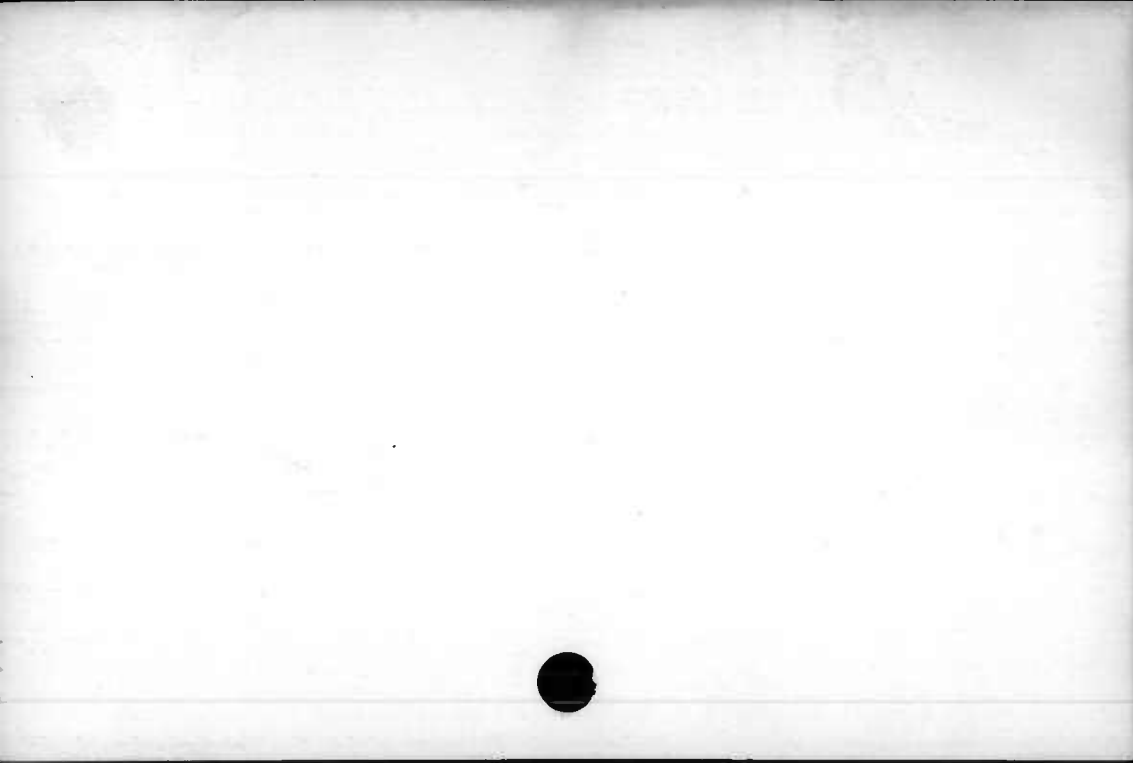


Name in Full		Maggie Adams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mitchellville	County Prince George		MARYLAND	
	Date of death		1905	Month June	Day 25	Years 26	Months —
	Sex		Female		Color or Race	Colored	
	Occupation		Domestic		Birth- place	Maryland	
	Where Residing if not at place of death		—				
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Robert Adams		Father's Birthplace		
Mother's Maiden Name		Sarah Campher		Mother's Birthplace			
Name of person giving In formation		Julia Adams		How related to deceased			Sister
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary tuberculosis			How long	
	Immediate		"			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Not known	
	Signature of Physician		Dr. A. R. Walker				
	Address		Stalls, Md.				
Accident or Suicide?		—					



Name

in  
Full

Mary B. Anderson

CERTIFICATE OF DEATH

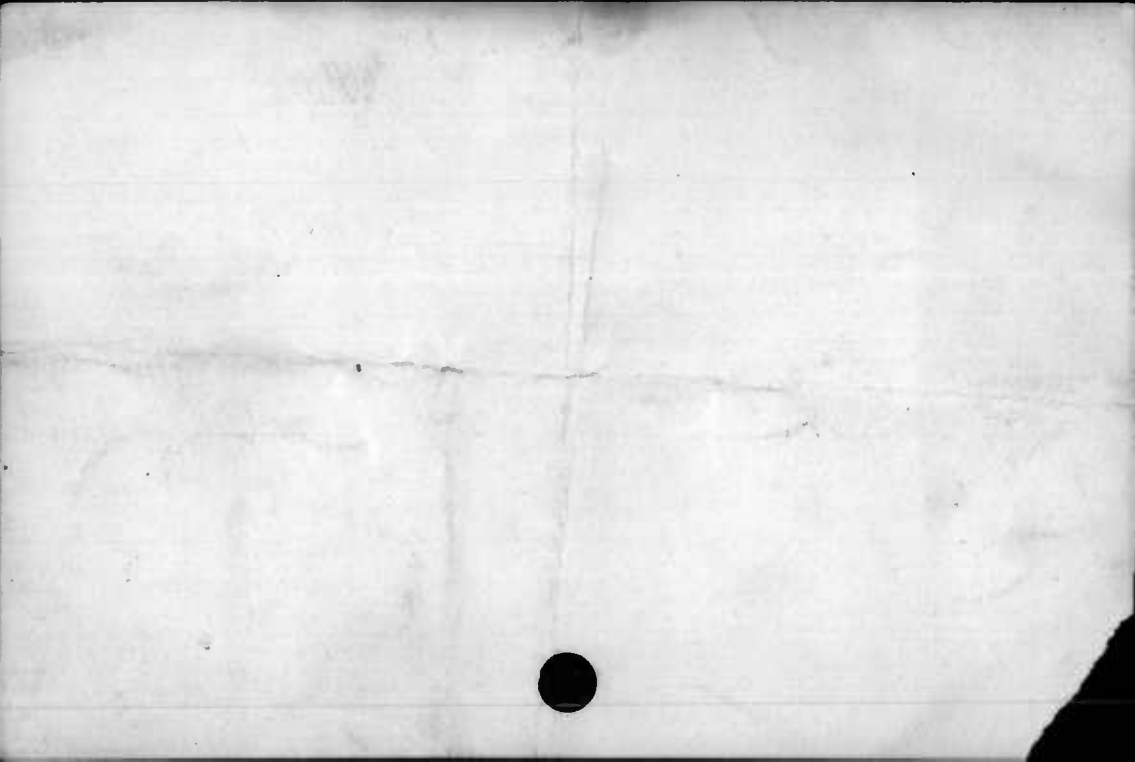
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Andwick</i>		Town <i>Re</i>		County <i>Georges</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>4</i>	Age <i>74</i>	Years	Months <i>1</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>at home</i>	Where Residing if not at place of death <i>at home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Anderson</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Wm Anderson</i>				How related to deceased <i>Husband</i>			

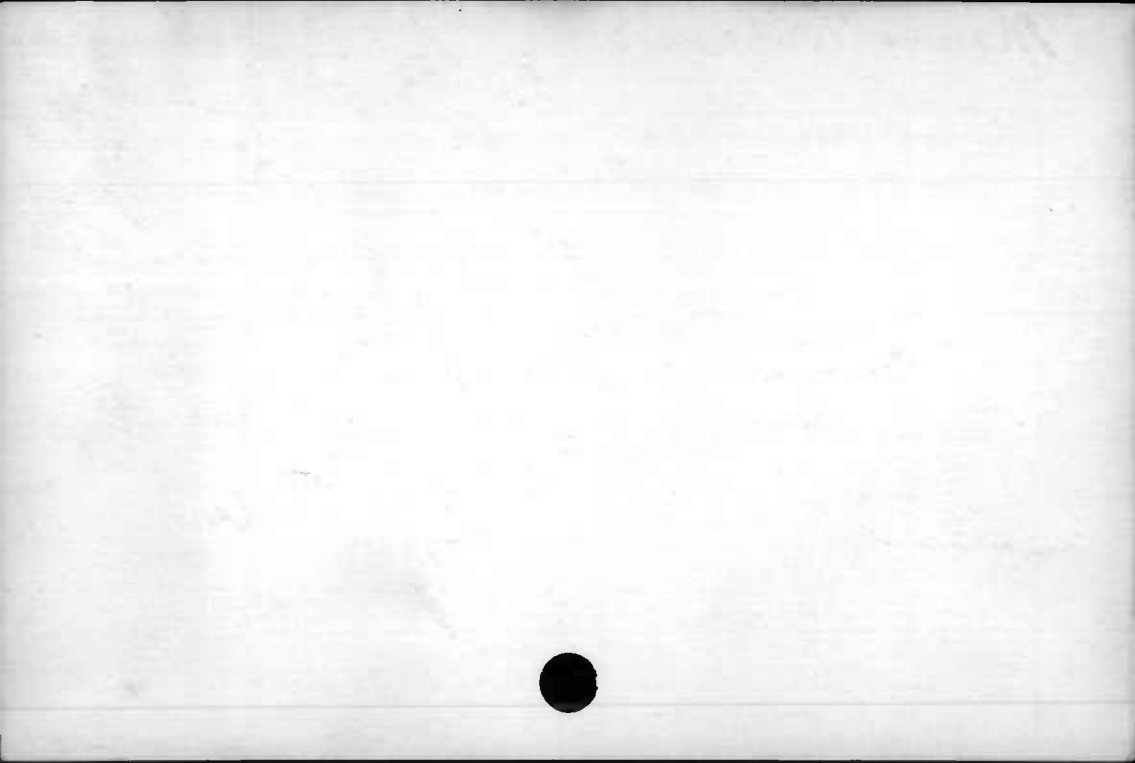
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carbuncle</i>	<i>14</i> ✓	How long <i>9 days</i>
Immediate <i>Septicaemia</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. J. Petty</i>	
	Address <i>Hyattsville MD</i>	
Accident or Suicide? <i>2</i>		



Name in Full		Moses Bolden Jr				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1905		June		22		Age 55	
Sex		Color or Race		Birth-place			
male		Colored		Maryland			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
married		Sarah A Bolden					
Father's Name		Father's Birthplace					
Moses Bolden		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Mary Anntha Holland		Maryland					
Name of person giving information		How related to deceased					
Moses Bolden		Father					
CAUSES OF DEATH							
Primary		How long					
Appendicitis		Two weeks					
Immediate		How long					
Peritonitis							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		Nelson A. Ryan M.D.					
		Address					
		Bowie					
Accident or Suicide?							
no							



Name  
in  
Full

Louise Frances Bowling

## CERTIFICATE OF DEATH

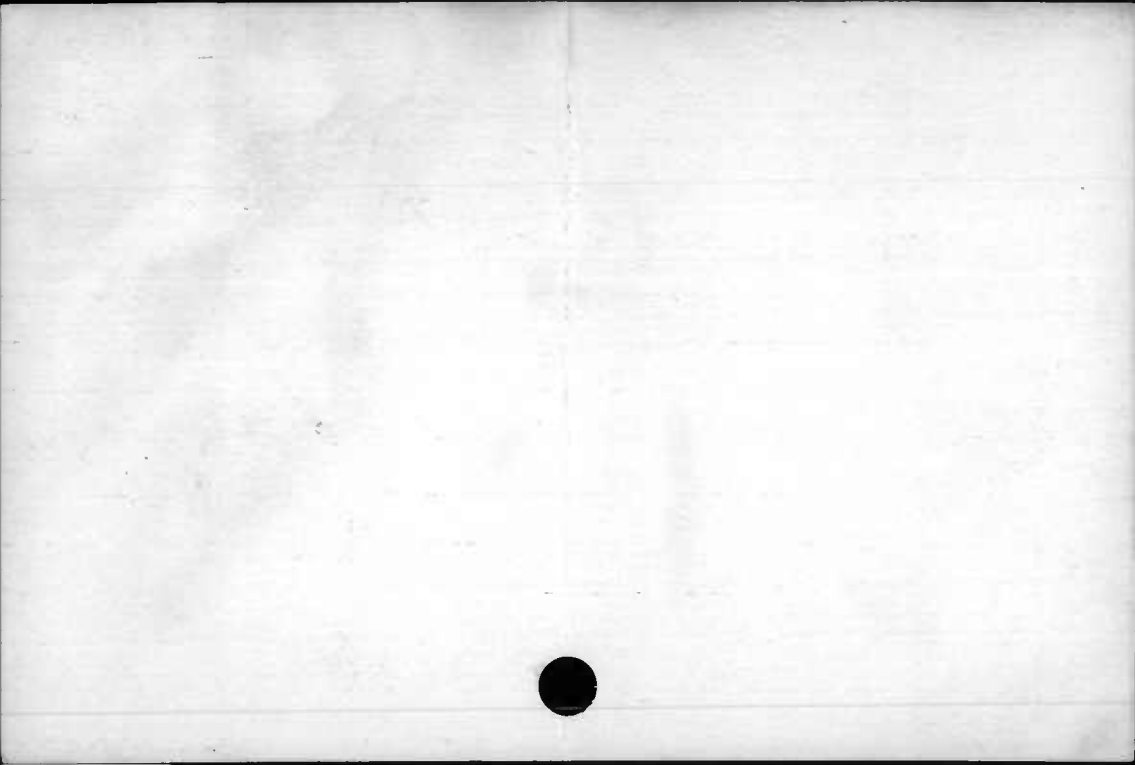
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berwyn</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	1905	Month	June	Day	30
Age	1 year	Months	2	Days	16
Sex	Female	Color or Race	white	Birth-place	Rivendale Md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Richard Henry Bowling</i>			<i>Chap Co Maryland</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Catherine Josephine Oyer</i>			<i>Pk Co Md.</i>		
Name of person giving information			How related to deceased		
<i>R. H. Bowling</i>			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Mucic Infection</i>	How long	<i>22 days</i>
Immediate	<i>Fracture of Mucic Infection</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. E. Ewing</i>	
		Address	
		<i>Berwyn Md</i>	
Accident or Suicide?			





Name  
in  
Full

Robert Bowling

CERTIFICATE OF DEATH

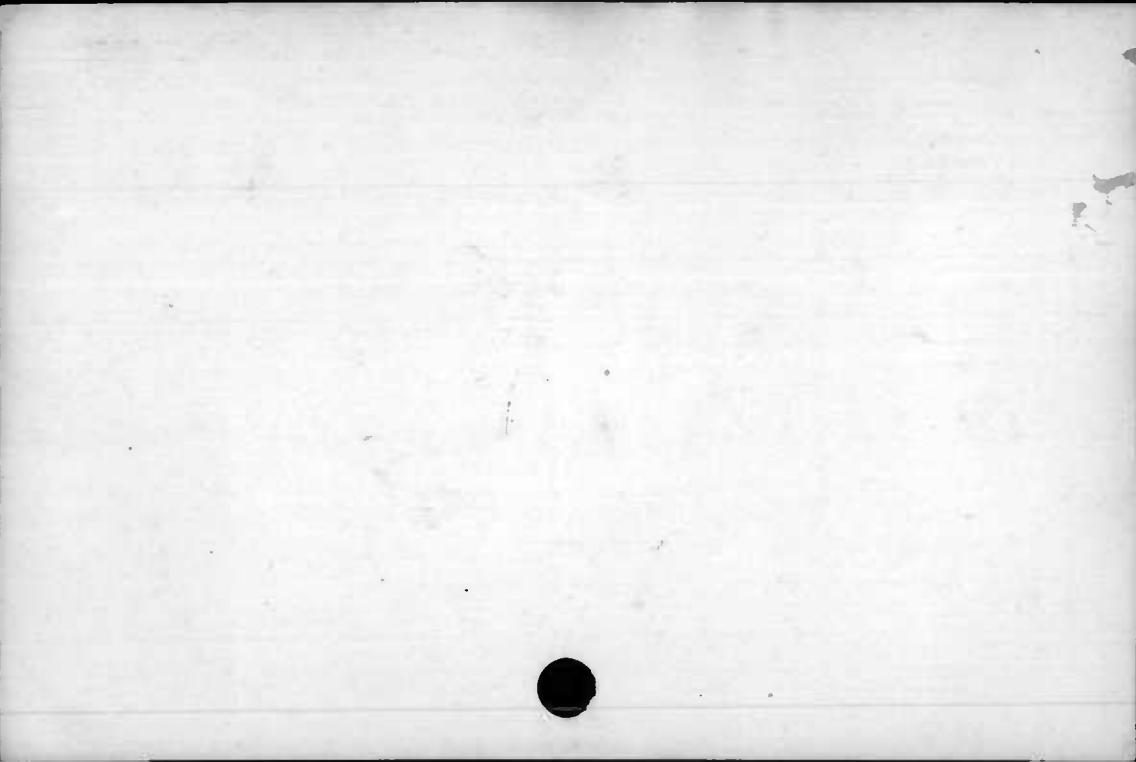
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Piscataway</u> <sup>Town</sup>		<u>Prince George</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>6</u> <sup>Month</sup>	<u>18</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>0</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Fr. Geo. Co. Md.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Sam Bowling</u>	Father's Birthplace <u>St. Mary's Md.</u>				
Mother's Maiden Name <u>Rosie Moore</u>	Mother's Birthplace <u>Prince Geo. Co. Md.</u>				
Name of person giving information <u>Wm. N. Moore</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>2 weeks</u>
Immediate	<u>Cholera Infantum</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>E. V. Hurt</u>	
		Address <u>Piscataway Md.</u>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John T. Bright</i>		Town <i>Hyattsville</i>		County <i>Prince George</i>		MAYLAND	
Died at		Date of death		Age		Months Days	
Month <i>June</i>		Day <i>19</i>		Years <i>1905</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>D.C.</i>			
Occupation <i>Paper hanger</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary H. Demaine</i>					
Father's Name <i>John Bright</i>		Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Bettie</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John Bright</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Natural causes</i>		How long <i>179</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Alexander Lakes J. H. P.</i>	
		Address <i>Hyattsville M.D.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Caroline Brooks

Died at <sup>Town</sup> near W. Marlboro <sup>County</sup> Prince George's MARYLAND

Date 189 <sup>5</sup> June 12, Age about 57

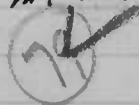
~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Deceased~~ Number of children living Not Known

~~Wife~~ of John Brooks

Father's Name Not Known

Mother's Name Not Known

Cause of Death { Primary Heart trouble  
Immediate " "



How long sick

Accident, ~~Suicide~~, Homicide

Reported by

Address

J. Alfred Ridgely, Coroner  
W. P. Marlboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Robt Gault

Name  
in  
Full

Eleanora Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oxon Hill</i> <sup>Town</sup>		<i>Pr. Lser</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>6-</i>		Age <i>56-</i> <sup>Years</sup>		Months <i>—</i>	Days <i>—</i>
Sex <i>F.</i>	Color or Race <i>Col.</i>		Birth-place <i>Md.</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Butler</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Chas. J. Butler</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>14y.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. A. Pyles.</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>No.</i>	<i>DC</i>





Name in Full		Frank Carroll				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bowie		County Prince George		MARYLAND
	Date of death		Month June	Day 10	Years 60	Months	Days
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		Queen Anne	
	Married, Single or Widowed	Married		Name of Wife or Husband		Don't know	
	Father's Name	Don't know		Father's Birthplace		Don't know	
	Mother's Maiden Name	Don't know		Mother's Birthplace		Don't know	
Name of person giving information		James Fletcher		How related to deceased		None	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Struck by train on P B & O RR		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Accident or Suicide?		Accident		Address		
				7 Joseph Nicholas			
				Bowie Md			



Name  
in  
Full

Walter E. Caverly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hyattsville <sup>County</sup> Prince Geo. MARYLAND

Date of death 1905 June 18 Age — Years 15 — Months — Days

Sex Male Color or Race white Birth-place M. D.

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Cerebro-spinal Meningitis

How long

2 days

Immediate

Convulsions

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

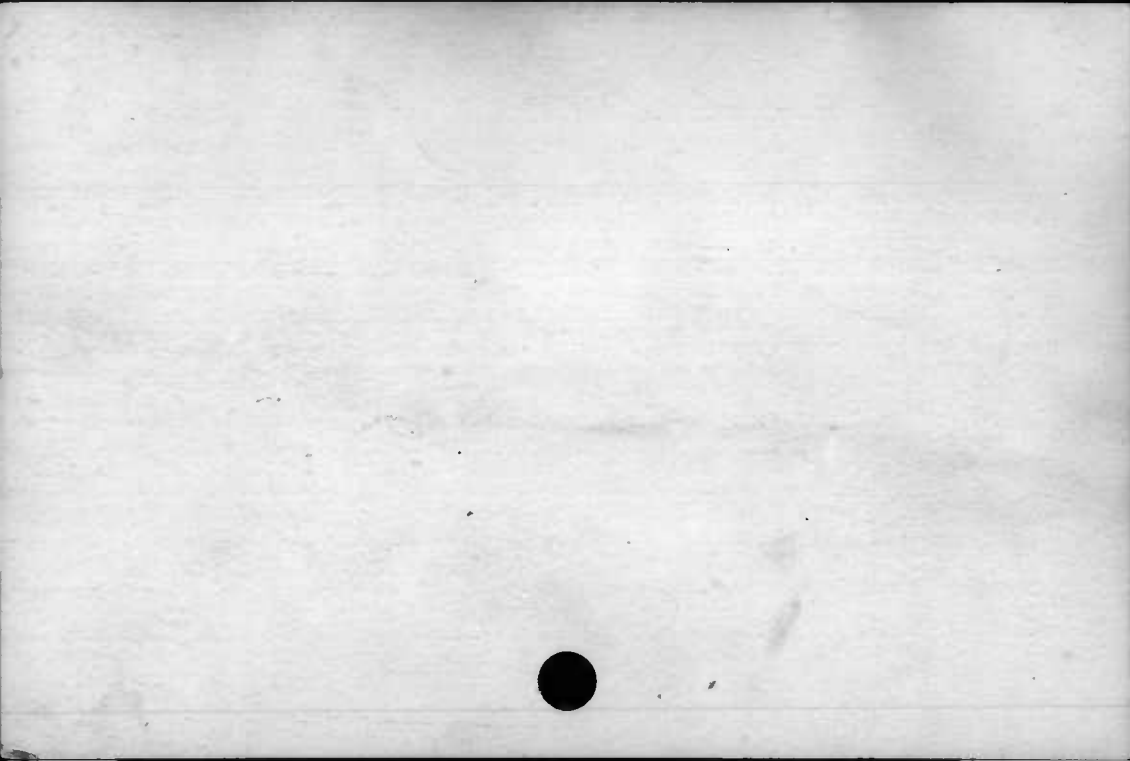
Yes

Signature of  
Physician

Address

Dr. J. W. Raterman M.D.  
Hyattsville Md

Accident or Suicide?



Name in Full

Certificate of Death

Ida Francis Chase

Town

County

Died at

Riverdale

Prince Georges

MARYLAND

Date

1905 June 8

Age

4. 10 28

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Wm H Chase

Mother's

Name

Eva C Eldridge

Cause of

Primary

Curvature of spine

How long sick

1 month

Death

Immediate

Pressure on spinal cord

Accident, Suicide, Homicide

Reported by

W. O. Eversfield M.D.

Address

College Park

Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

in  
Full

## CERTIFICATE OF DEATH

Martha Coffren

Town

Mills road

County

Prince Geo

MARYLAND

Died at

Date

of death 1905

Month

June

Day

17

Age

Years

49

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Occupation

Housewife

Where Residing if not  
at place of death

Solitude

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Julius E. Coffren

Father's  
Name

Dennis Littleford

Father's  
Birthplace

- -

Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

R. T. Coffren

How related  
to deceased

Bro in law

## CAUSES OF DEATH

Primary

How long

Immediate

Tuberculosis

How long

1 yr

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. L. H. Griffith  
Upper Marlboro

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Abraham Coleman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mitchellville		County Prince George		MARYLAND			
Date of death		1905	Month June	Day 24	Age	Years 88	Months —	Days —	
Sex		male		Color or Race		Colored		Birth- place	Maryland
Occupation				Laborer		Where Residing if not at place of death			—
Married, Single or Widowed				Widower		Name of Wife or Husband			—
Father's Name				Richard Coleman				Father's Birthplace	Maryland
Mother's Maiden Name				not known				Mother's Birthplace	—
Name of person giving information				James Coleman				How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	Unknown	
Immediate	Uraemia	How long	4 days.	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. A. R. Walker
			Address	Stalls, Md.
Accident or Suicide?		—		

01701

Name  
in  
Full

## CERTIFICATE OF DEATH

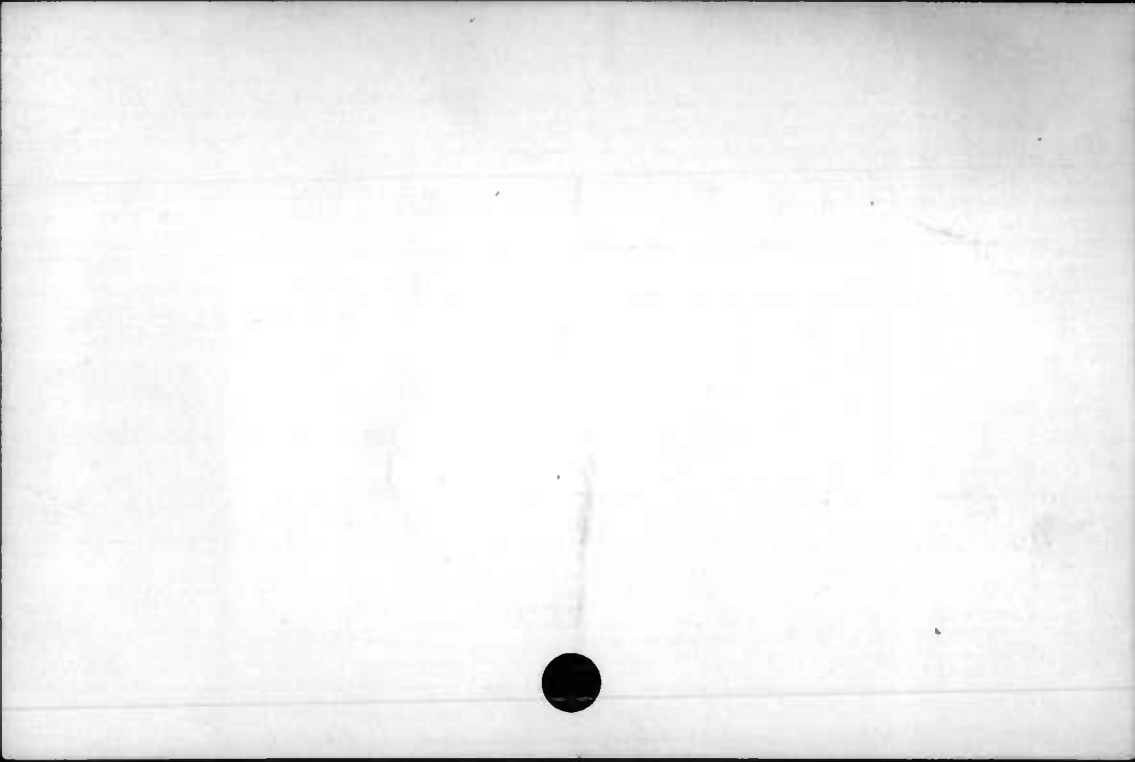
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name in Full <i>Ann Wood Granfield Compton</i>		Town <i>Aquasco</i>		County <i>Pr. Geo's</i>			
Died at		Date of death 1905		Age		Months	
		Month <i>June</i>		Day <i>1</i>		Years <i>79</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Aquasco Md</i>		Days <i>15</i>	
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Henry Compton</i>				Father's Birthplace <i>Aquasco Md</i>			
Mother's Maiden Name <i>Eliza T Wood</i>				Mother's Birthplace <i>Aquasco Md</i>			
Name of person giving information <i>Henry Compton</i>				How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Seriously - Exhaustion</i>	How long <i>Two years</i>
	Immediate	<i>Exhaustion</i>	How long <i>One week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. W. Montrose</i>
			Address <i>Aquasco Md</i>
Accident or Suicide?			



Name  
in  
Full

Blanch Easley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bowie</i>		County <i>Prince George</i>		MARYLAND	
Date of death		1905	Month <i>June</i>	Day <i>14</i>	Age <i>14</i>	Years <i>3</i>	Months <i>11</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Virginia</i>
Occupation	<i>House Girl</i>			Where residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Henry Easley</i>					Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Matha Easley</i>					Mother's Birthplace	<i>Virginia</i>
Name of person giving information	<i>Henry Easley</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Struck By train on B &amp; P. R. R.</i>		How long	<i>Instantaneous</i>
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Nelson E. Reynolds</i>
	Accident or Suicide?		<i>Accident</i>	Address	<i>Bowie Md</i>



Name  
in  
Full

Thomas Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Marlboro</u> Town		<u>P. Geo</u> County	
Date of death <u>1905</u>	Month <u>June</u>	Day <u>26</u>	Age <u>Years</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>P. E. C. Md</u>	
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Marlboro</u>		
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Henry Galloway</u>	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <u>Philip D. Jones</u>	How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Intestinal obstruction</u>	How long <u>5 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>I think so</u>	Signature of Physician <u>J. H. Griffith</u>
	Address <u>Upper Marlboro, Md</u>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Nameless</i>		Town <i>New. Glatz</i>		County <i>Pr. Geo.</i>		MAYLAND	
Died at		Month <i>6</i>		Day <i>17</i>		Years <i>—</i>	
Date of death <i>1905</i>		Age <i>—</i>		Months <i>—</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Geo. L. Gibbons</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth Wilson</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

Primary	<i>Failure of circulation</i>	<i>150</i> ✓	How long
Immediate	<i>to be established</i>		How long

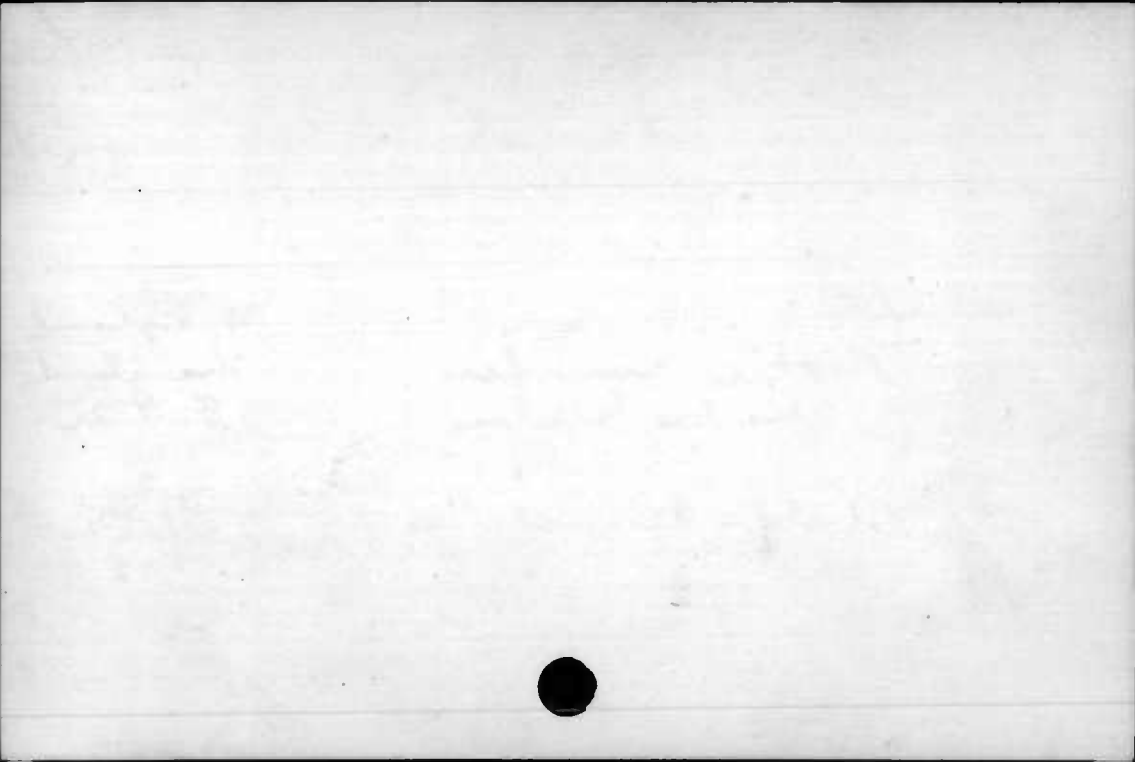
Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*E. P. Simpson, M.D.*  
*Rosecroft, Md.*Accident or Suicide? *—*



Name  
in  
Full

Leroy Green

## CERTIFICATE OF DEATH

Died at Leeland <sup>Town</sup> Prince George <sup>County</sup> MARYLAND

Date of death 1905 <sup>Month</sup> June <sup>Day</sup> 18 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 5

Sex Male Color or Race Colored Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Charles Green Father's Birthplace Maryland

Mother's Maiden Name Lottie Campher Mother's Birthplace Maryland

Name of person giving information Charles Green How related to deceased Father

## CAUSES OF DEATH

Primary Probably Convulsions How long Did not see before death

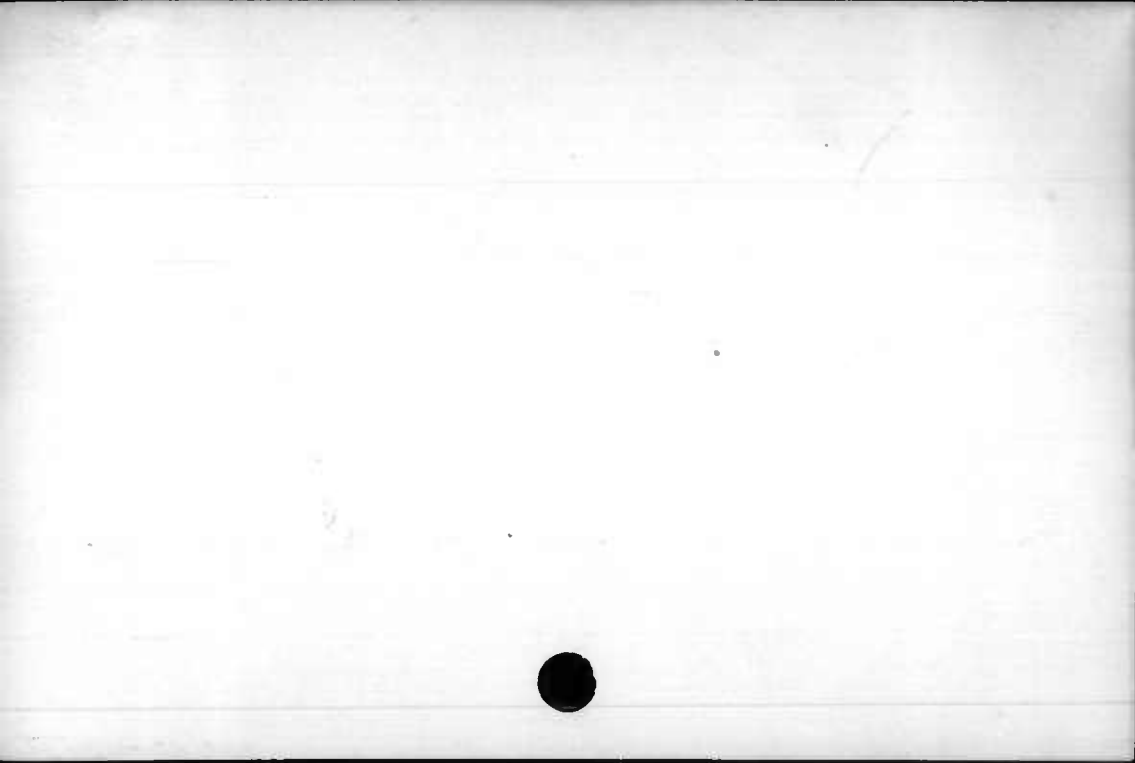
Immediate — How long "

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician A. R. Walker

9 Address Stalls, Md.

Accident or Suicide? —

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Hattie Gross

Died at <sup>Town</sup> *New Glatz* <sup>County</sup> *Prince Geo* MARYLAND

Date *1905 June 30* Age *1* Y. *5* M. *5* D. *5* Native of *Maryland* Occupation *child*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's  
Name *Joe Gross*

Mother's  
Name *Ella Gross*

Cause of { Primary *Dentition*

Death { Immediate *Congestion of Brain*

How long sick

*64**week*

Accident, Suicide, Homicide

Reported by

Address

*J. M. Parker M.D.*  
*Congress Heights D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

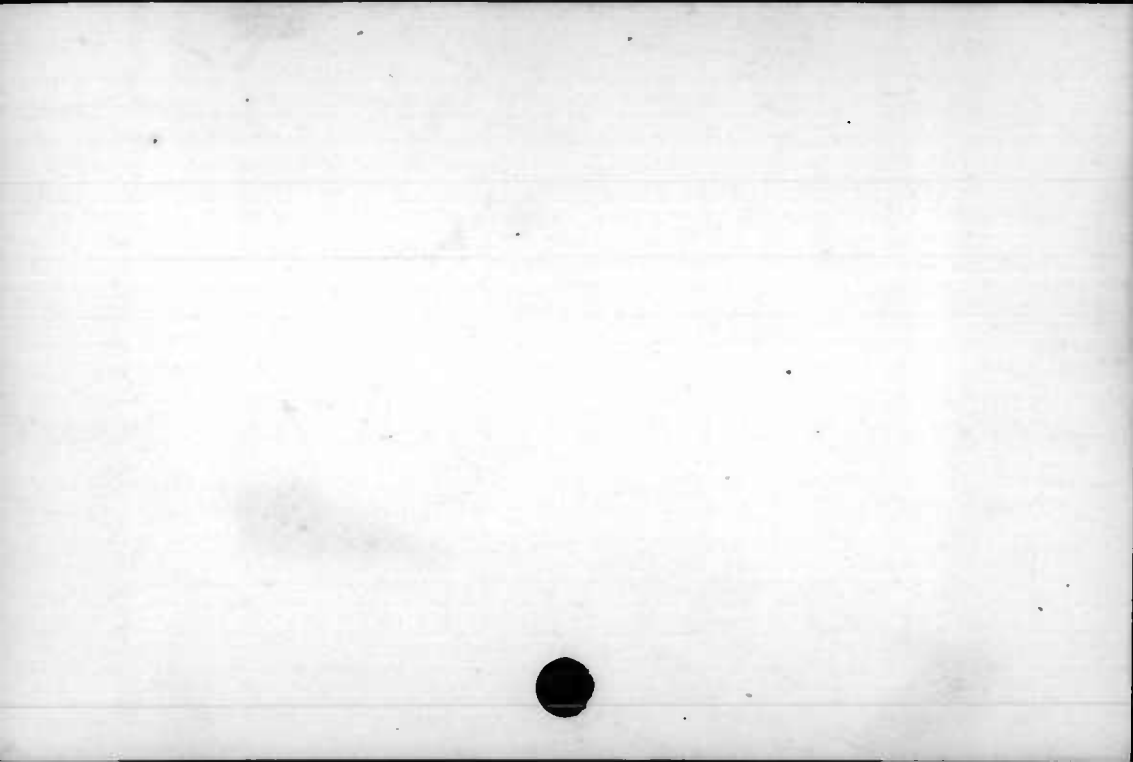
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Bartharine Hall</i>		Town <i>Oxen Hill</i>		County <i>Pr. Geo.</i>		MARYLAND	
Died at <i>Oxen Hill</i>		Month <i>6</i>		Day <i>14</i>		Years <i>49</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single <del>or Widowed</del>		Name of Wife or Husband <i>Harrison Hall</i>					
Father's Name <i>James Wills</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary Brown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Harrison Hall</i>		<i>(27)</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Emaciation &amp; Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. P. Simpson, M.D.</i>
	Address <i>Rosecroft, Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Thomas Edward Henson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New <sup>Town</sup> Glitz <sup>County</sup> Pr. Geo **MARYLAND**

Date of death 1905 <sup>Month</sup> 6 <sup>Day</sup> 22 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 8

Sex Male Color or Race Colored Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameWilson ColbertFather's  
BirthplaceMd.Mother's  
Maiden NameNollie HensonMother's  
BirthplaceMd.Name of person giving  
InformationWilson ColbertHow related  
to deceasedFather

## CAUSES OF DEATH

Primary

Infantile convulsions

How long

3 hours

Immediate

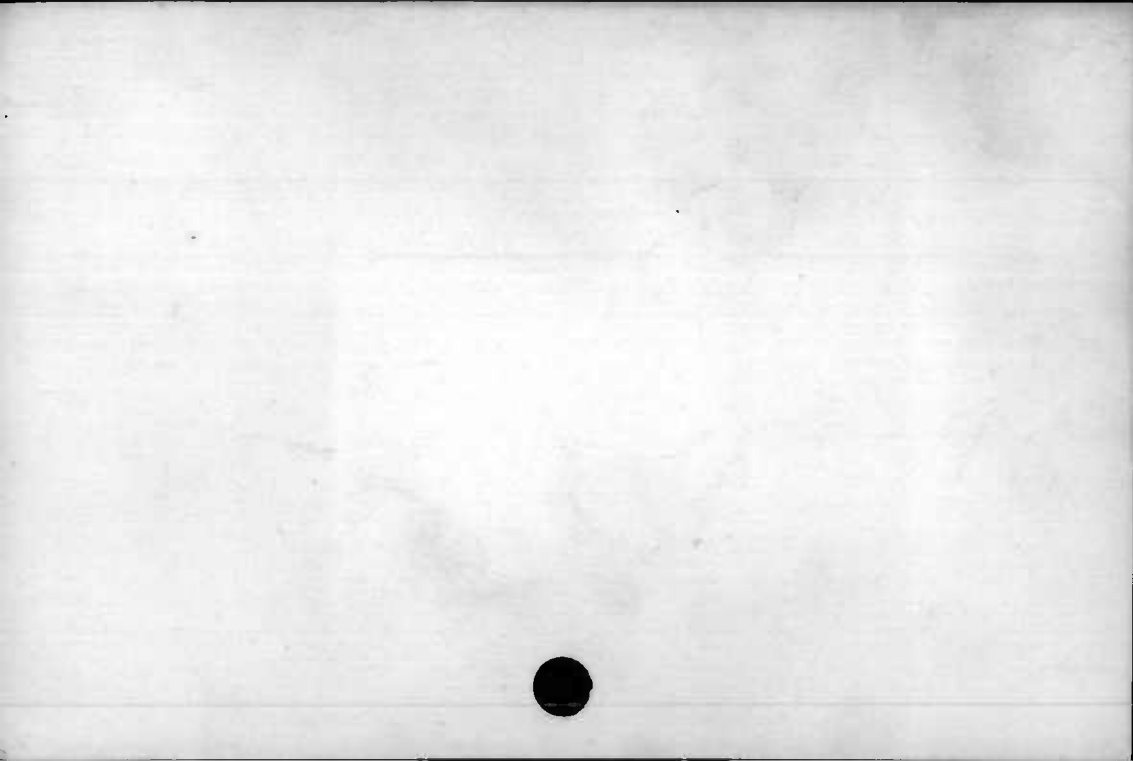
How long

Are the name, age, sex, color, date  
and place correctly given above?YesSignature of  
PhysicianE. P. Simpson M.D.

Address

Rosecroft Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

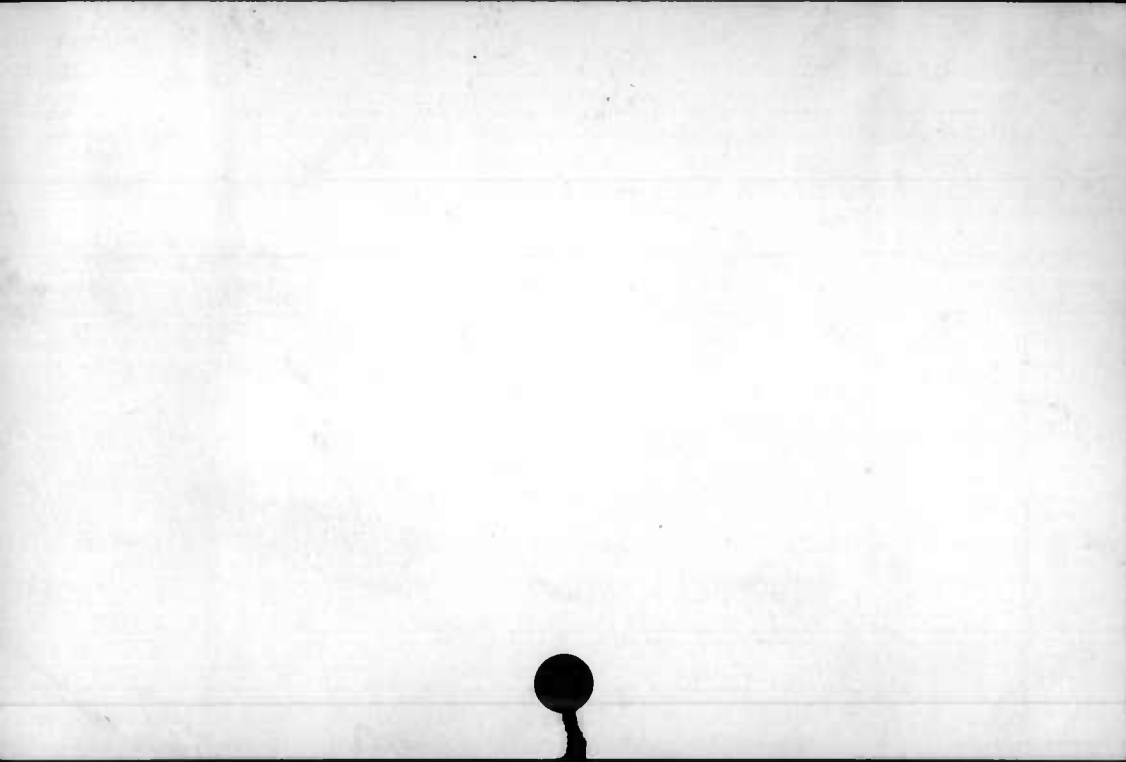
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Thomas M Keech</i>		Town <i>Aquasco</i>		County <i>Dr. Eads</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>28</i>		Years <i>71</i>	
Date of death 1905		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Marys Co Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Wynne Keech</i>							
Father's Name <i>Samuel Keech</i>		Father's Birthplace <i>St. Marys Co</i>					
Mother's Maiden Name <i>Eleanor Keech</i>		Mother's Birthplace <i>St. Marys Co Md</i>					
Name of person giving Information <i>H. Martin Keech</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>Two yrs</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Martin Keech</i>
	Address <i>Aquasco Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Kidwell (mfp)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *North Key* <sup>Town</sup> *P.S.* <sup>County</sup>  
**Date** of death *1905* <sup>Month</sup> *June* <sup>Day</sup> *25* <sup>Age</sup> *Years* <sup>Months</sup> *Days*  
**Sex** *Male* **Color or Race** *White* **Birth-place**  
**Occupation** **Where Residing if not at place of death**

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*W.L. Kidwell*Fether's  
Birthplace*Ind*Mother's  
Meiden Name*Rizzie Richardson*Mother's  
BirthplaceName of person giving  
In formation*Frank Curline*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Spasms*

How long

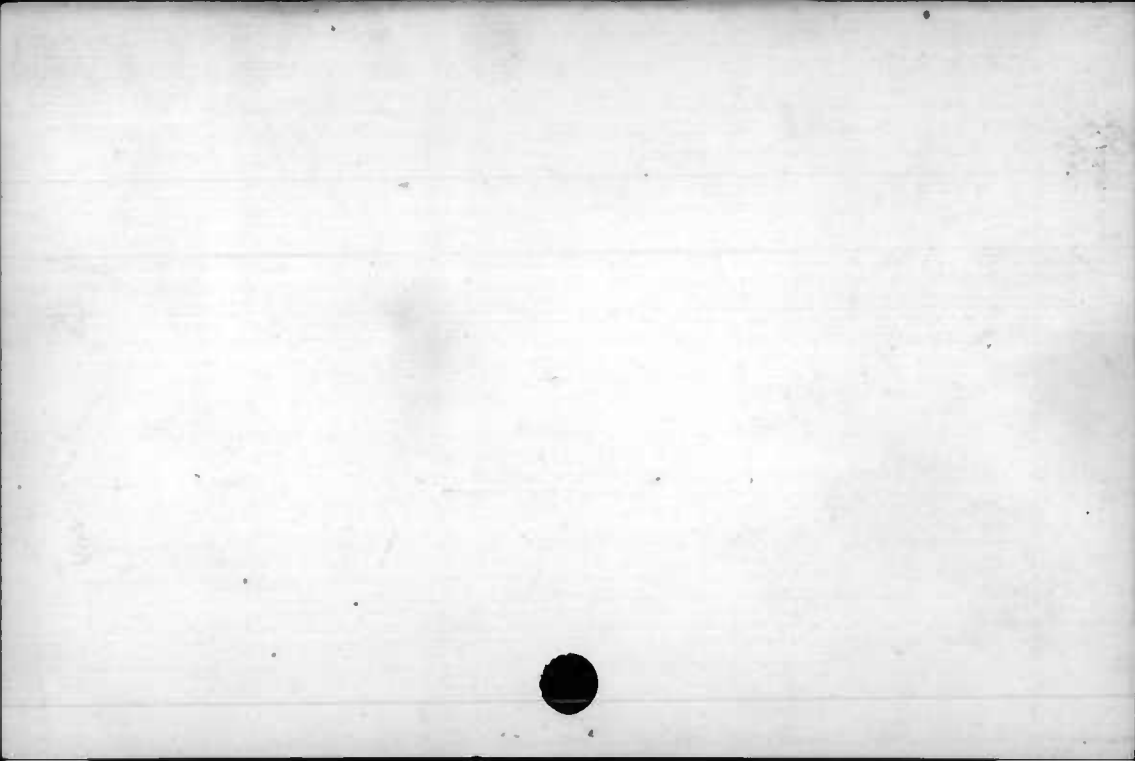
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Kidwell (11112)

CERTIFICATE OF DEATH

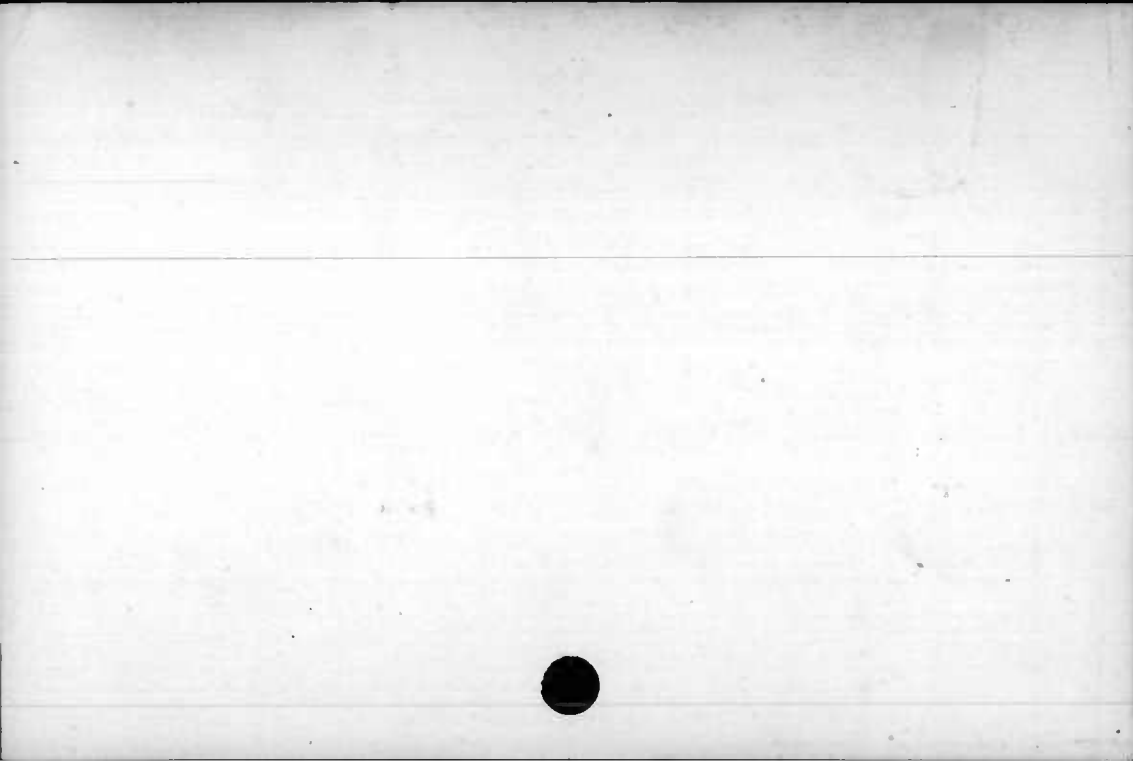
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Northley</i> <sup>Town</sup>		<i>Pr Gen</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905 June</i>		Month	Day <i>27</i>	Age <i>27</i>	Years <i>4</i> Months <i>4</i> Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>W L Kidwell</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Rizzie Richardson</i>		Mother's Birthplace			
Name of person giving information <i>Frank Carter</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile</i>	How long <i>(119)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W H C. Jones</i>
	Address <i>Room 2nd</i>
Accident or Suicide?	





Name  
In  
Full

CERTIFICATE OF DEATH

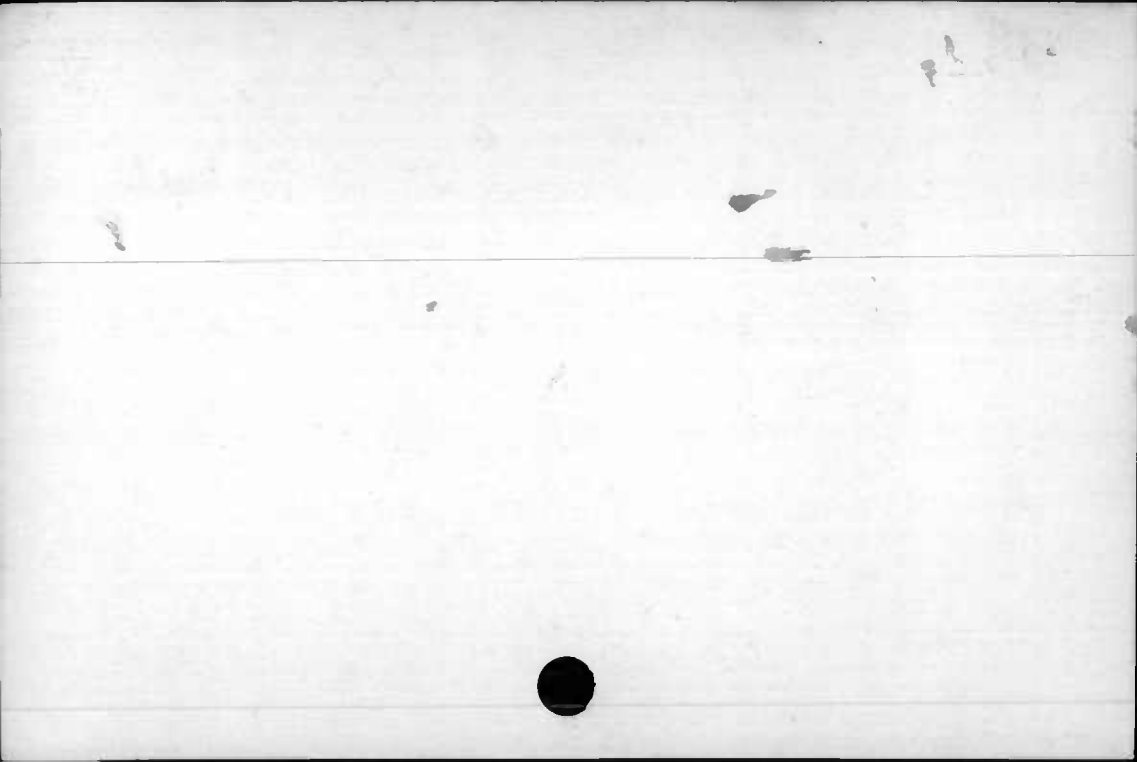
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>George Meier 2nd</i>		Town <i>Fort Washington</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1905</i>		Age <i>14</i>		Months <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wash. D.C.</i>		Days <i>2</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George Meier</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Russell Palmer</i>		Mother's Birthplace <i>D.C.</i>					
Name of person giving information <i>George Meier</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lactis</i>	How long <i>104</i>
Immediate <i>mantra</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Hart</i>
	Address <i>Fiscatanay</i>
Accident or Suicide?	<i>Ind.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Barnaby</i>		Town <i>Moore</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death <i>1902</i>		Month <i>June</i>		Day <i>27</i>		Age	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Barnaby</i>		Months	
Occupation		Where Residing if not at place of death				Days	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm. L. Moore</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Laura L. Moore</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile gastroenteritis</i>		How long <i>9</i>	
Immediate <i>Asphyxia due to umbilical cord</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. Watson</i>	
<i>Copied from D. H. H. M. H.</i>		Address <i>Anacostia, D. C.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

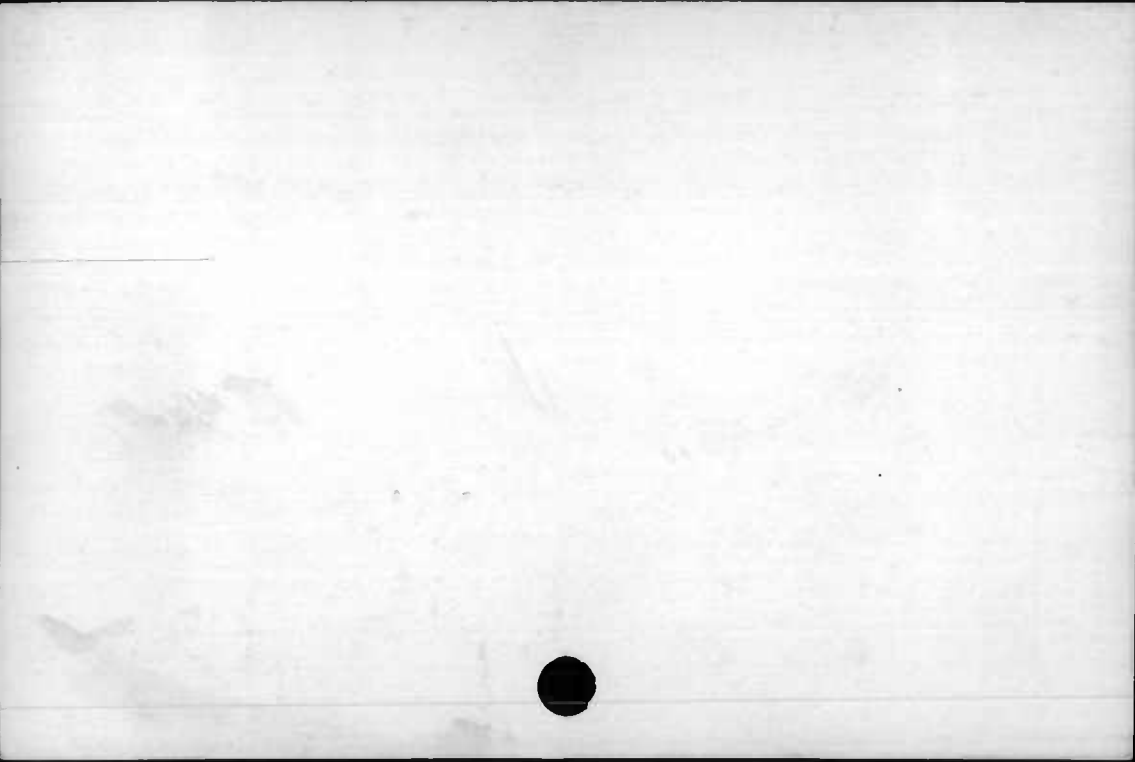
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
1905		6	25	17			
Sex	Male		Color or Race	White		Birth-place	Md.
Occupation	Farm Laborer			Where Residing if not at place of death		at home	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John Vothay				Father's Birthplace	Md.
Mother's Maiden Name		Elizabeth Jones				Mother's Birthplace	Md.
Name of person giving information		George Vothay				How related to deceased	Uncle

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Drowning	How long	172
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. P. Simpson
		Address	Rosecroft Md.
Accident <del>Swindle</del> ?			



Name  
in  
Full

(Infant)

Uden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brandywine* Town *P. G.* County

Date of death *1905* Month *June* Day *11* Age *a few minutes* Months Days

Sex *male* Color or Race *Colored* Birth-place *Ind*

Occupation Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Geo. Uden*

Father's Birthplace *Ind*

Mother's Maiden Name *Sue. Curtin*

Mother's Birthplace *Ind*

Name of person giving information *Geo Uden*

How related to deceased *father*

## CAUSES OF DEATH

Primary *Lack of vitality*

How long

Immediate

How long

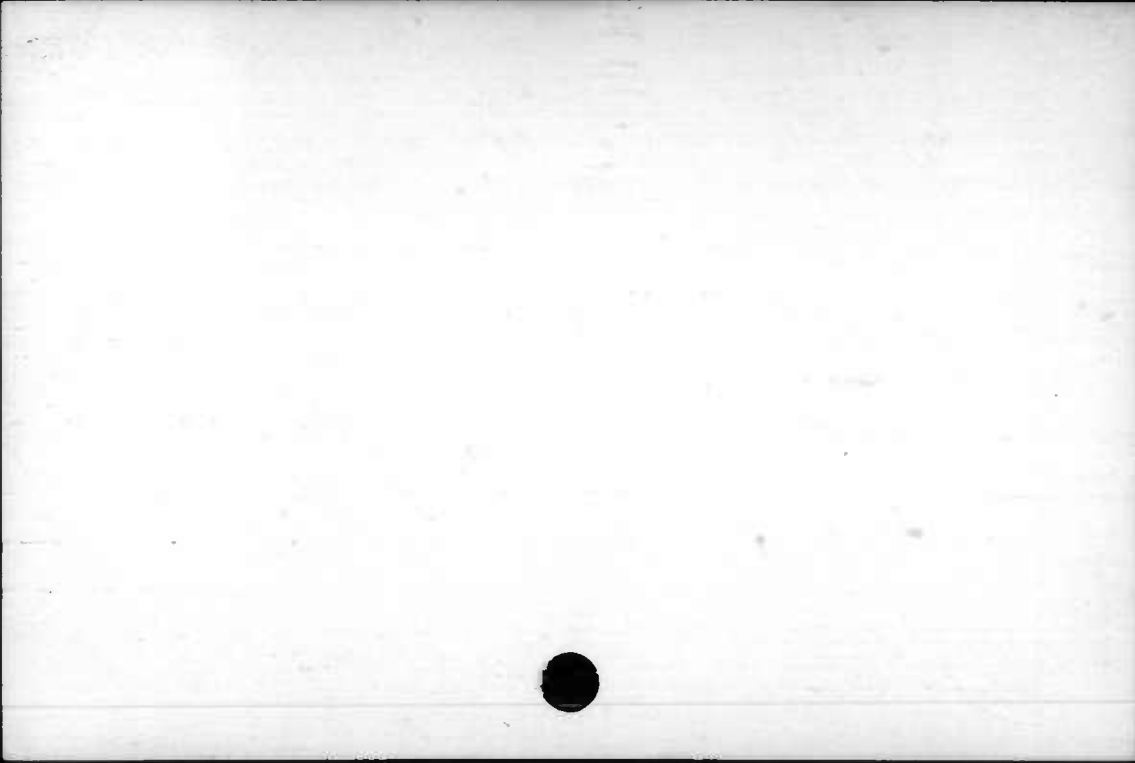
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*John A. Coe M.D.*  
*213.*

Accident or Suicide?





Name  
in  
FullCharles Edw. Sawyer  
P. L.

## CERTIFICATE OF DEATH

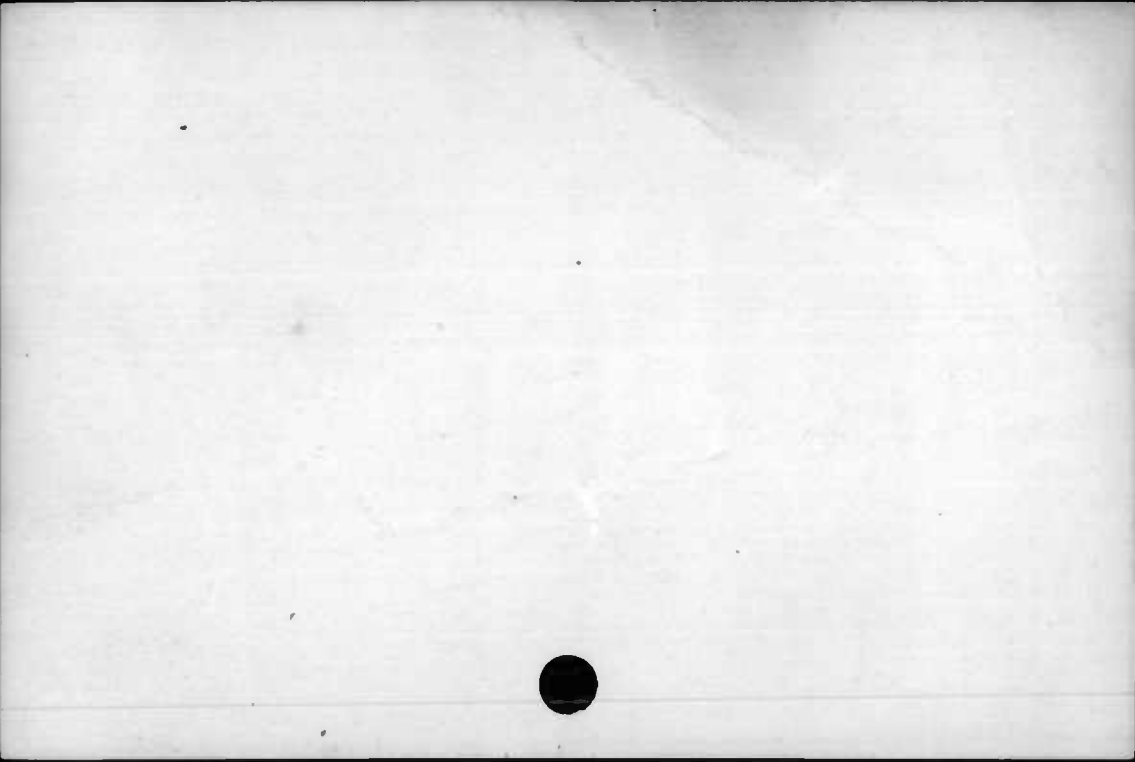
TO BE ANSWERED BY  
NEAREST FRIEND

Died at 213		Town		P. L.		County		MARYLAND			
Date of death 1905		Month 6		Day 24		Age 23		Months		Days	
Sex male		Color or Race colored		Birth-place		ma					
Occupation Laborer				Where Residing if not at place of death							
Married, Single or Widowed Single				Name of Wife or Husband							
Father's Name John Sawyer				Father's Birthplace				ma			
Mother's Maiden Name Eliza Barton				Mother's Birthplace				mo			
Name of person giving information Nealis Sawyer				How related to deceased				brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis (Pulmonary)		How long 2 years	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John A. Cor	
		Address 213.	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Alice O. Lodgwich</i>		Town <i>Wrotham</i>		County <i>P. G.</i>		MARYLAND	
Died at <i>Wrotham</i>		Month <i>June</i>		Day <i>16</i>		Years <i>—</i>	
Date of death <i>1905</i>		Months <i>7</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Mauboro</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>William H. Lodgwich</i>				Father's Birthplace <i>P. G. Ind</i>			
Mother's Maiden Name <i>Wiggs</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>W. H. Lodgwich</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Does know</i>	How long	<i>Does know</i>
Immediate	<i>Does know</i>	How long	<i>Does know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. A. Giffith</i>	
		Address <i>Upper Marlboro,</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

Charles Shantauer

Town

Riverdale

County

Prince Geo.

MARYLAND

Died at

Date

of death

1905

Month

June

Day

29

Age

Years

Months

7

Days

—

Sex

male

Color or  
Race

white

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Frank Shantauer

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Minnie Miller

Mother's  
Birthplace

"

Name of person giving  
information

Frank

How related  
to deceased

## CAUSES OF DEATH

Primary

Inanition

How long

151 6 months

Immediate

asthenia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Richardson  
Hyattsville Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2

For Richardson

Name  
in  
Full

Florence Green Snell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Bladensburg* *Prince George* *MARYLAND*  
Town County  
Date of death *1905* *June* *12* Age *15* Months *12* Days  
Sex *Female* Color or Race *Black* Birth-place *M.d.*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

☐ Married, Single  
☐ Widowed

Name of Wife or  
Husband \_\_\_\_\_Father's  
Name*I don't know*Father's  
BirthplaceMother's  
Maiden Name*Fannie Snell*Mother's  
Birthplace*M.d.*Name of person giving  
In formation*Fannie Snell*☒ How related  
☐ Deceased*Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Cholera Infantum*

How long

*1 week*

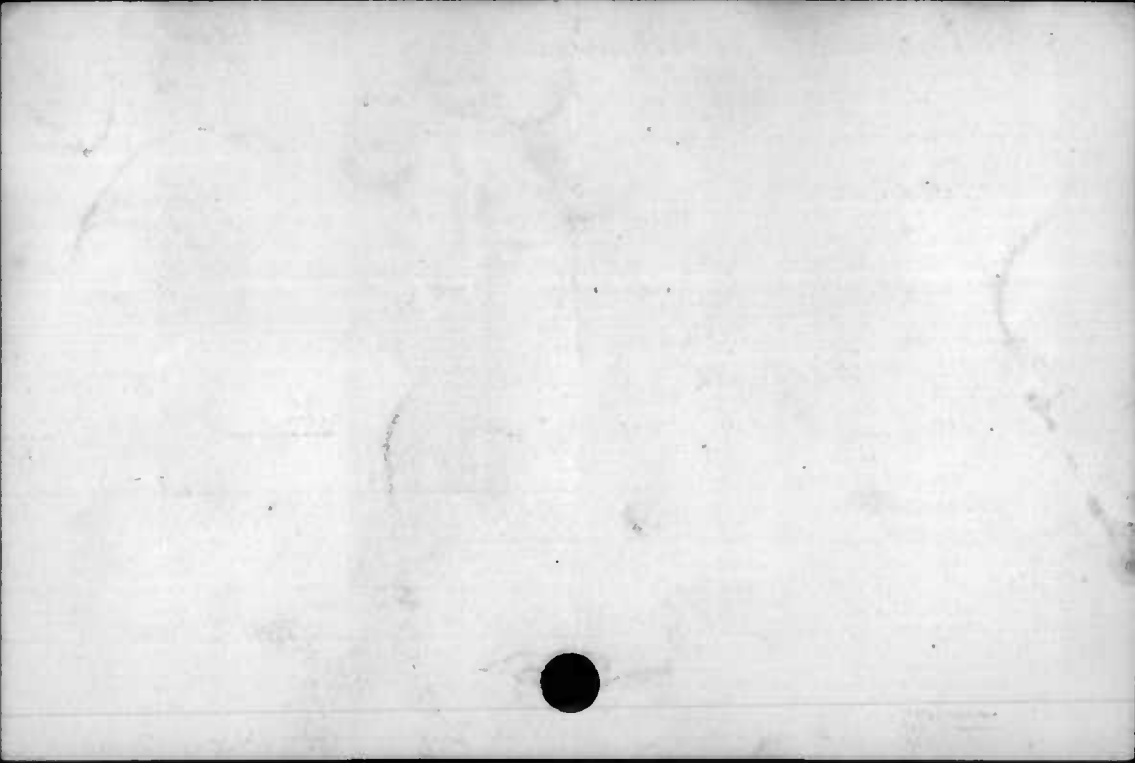
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*L. P. Perry*  
*Hyattsville*  
*M.D.*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

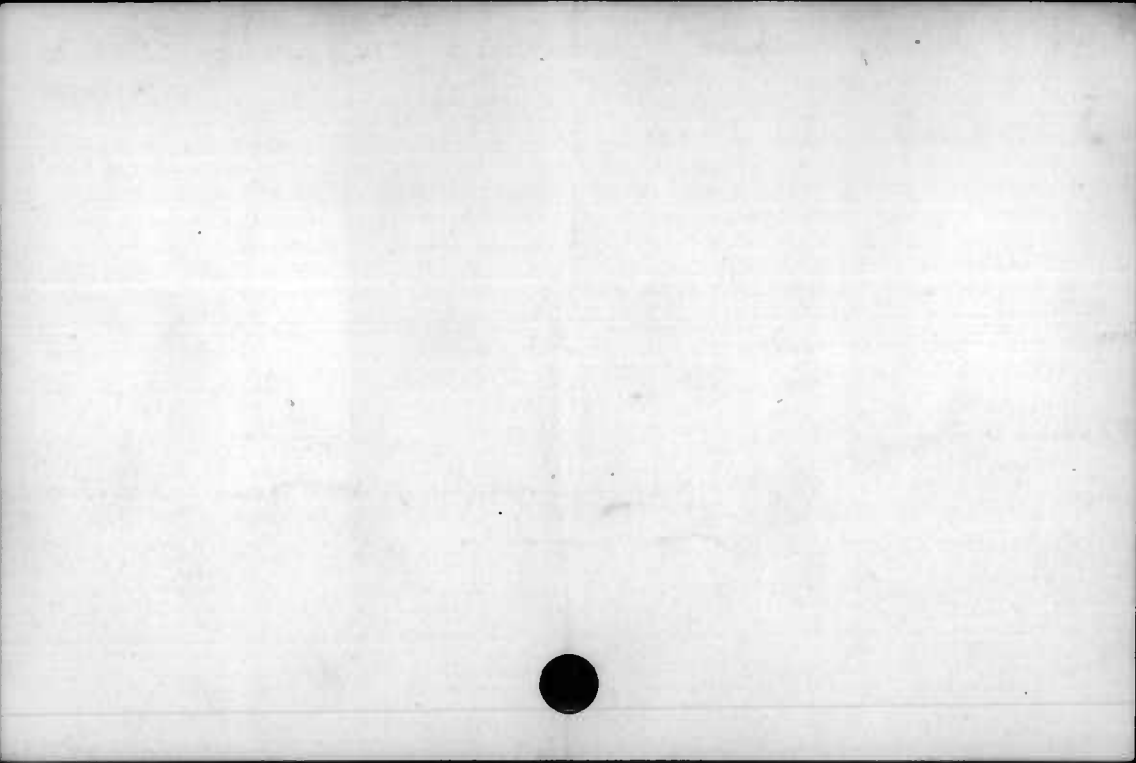
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>W. Louis James Sutton</i>		Town <i>Hyattsville</i>		County <i>Prince George's</i>		State <i>MARYLAND</i>	
Died at <i>Hyattsville</i>		Date of death <i>1905 June 14</i>		Age <i>78</i>		Months <i>4</i> Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St Mary's Co.,</i>			
Occupation <i>Retired physician</i>		Where Residing if not at place of death <i>0</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan R. Costigan.</i>					
Father's Name <i>James L. Sutton, M.D.</i>		Father's Birthplace <i>St Mary's Co.,</i>					
Mother's Maiden Name <i>Elizabeth Fische</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Rosa Sutton</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accident - knocked down by bicycle</i>	How long <i>2 yrs ago</i>
Immediate <i>Nephritis</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Perry</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide?	



Name  
in  
Full

Bisipann Thomas

## CERTIFICATE OF DEATH

Died at Smithfield <sup>Town</sup> Prince George <sup>County</sup> MARYLAND

Date of death 1905 <sup>Month</sup> June <sup>Day</sup> 25 <sup>Years</sup> 2 <sup>Months</sup> 8 <sup>Days</sup> —

Sex Male Color or Race Colored Birth-place md

Occupation None Where Residing if not at place of death —

Married, Single Single Name of Wife or Husband —

Father's Name William Thomas

Father's Birthplace md

Mother's Maiden Name Mary Rosier

Mother's Birthplace md

Name of person giving information William Thomas

How related to deceased Father

## CAUSES OF DEATH

Primary Asthma

~~How long~~ 1 month

Immediate Bronchitis

How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes

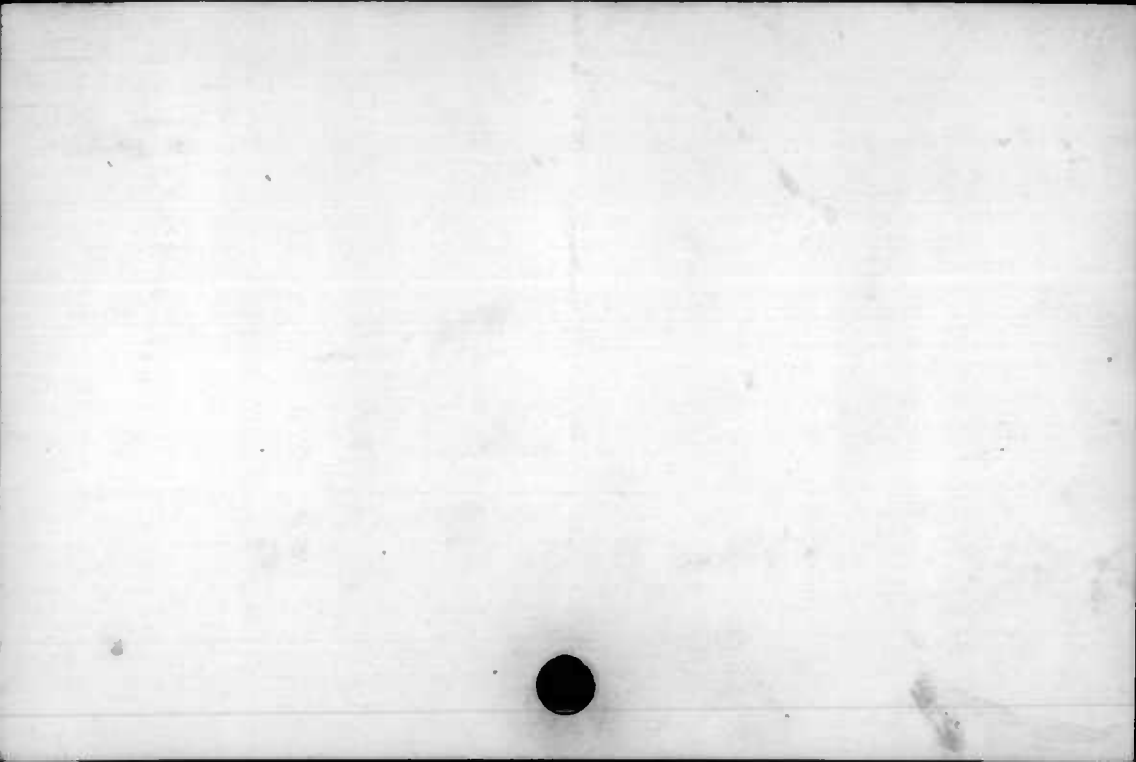
Signature of Physician

Address

John E. Evers  
Forestville md.

Accident or Suicide? —

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Wm. H. Thomas*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Branchywine</i> Town		<i>Br. Br.</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>6</i>	Day <i>21</i>	Age <i>60</i>	Months <i>3</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Ind</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Ann Thomas</i>			Mother's Birthplace		
Name of person giving information <i>Geo. Jaymon</i>			How related to deceased <i>not any</i>		

(79)

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John A. Coe</i>
		Address <i>Ind</i>
Accident or Suicide?		

